

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, OCTOBER 8, 1868.

[VOL. II.—No. 10.]

Original Communications.

CASES OF TUBERCULOSIS.

Read before the Boston Society for Medical Improvement, January 13th, 1868, by J. N. BORLAND, M.D.

CASE I.—*Tubercular Meningitis, with general Tuberculosis.*

E. H., æt. 18, entered Boston City Hospital Nov. 19th, 1867. She has lived in Boston for the previous five months, during which time circumstances of a moral nature had a marked and depressing effect upon her. Her father died of phthisis; the condition of her mother's health was not stated. Before leaving home, her own health was perfect. Her physical development was excellent, her intelligence active and keen. She was dark haired, with clear blue eyes, and fresh, clean-looking mouth and teeth.

At her entrance, she stated that for the previous five months she had not felt well, at times having a sensation of heat about her head and shoulders; for the last five weeks of this time she had been troubled with headache, pain in her chest, most marked at lower part of the sternum, and difficulty of breathing, but at no time was there any cough. The chest symptoms became more and more severe, and for the last fortnight she had superadded inability to sleep, loss of appetite, thirst, one attack of epistaxis, with chilliness in the morning and flushed feverishness towards evening. When at home her catamenia were always regular, but since then they have been absent.

When she entered the hospital, the record states her condition as follows:—"In bed. Skin warm and sweating, aspect febrile, cheeks flushed. Respirations 24. Pulse 96, not full in volume. Morning temperature 102°. Tongue moist, with a thick, white, creamy coat. Appetite feeble, but much thirst. Bowels constipated. No complaint with regard to urine. Gurgling, with absence of tenderness, in the right iliac fossa. No eruption visible." Milk to drink *ad libitum*. Beef-tea, Oss.,

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three times daily, with an occasional dose of camphor and hyoscyamus. Under this treatment, in the next six days, her pulse gradually fell to about 80. On the 25th it again rose to 96, and she had tenderness in the right iliac fossa, and on the 27th her morning temperature was 98.6°, with a pulse of 100, but after this the latter again fell to 84 until Dec. 1st.

During the first half of December, her pulse again became excited, varying from 92 to 124. Her bowels became sluggish and constipated, requiring enemata to aid the action of gentle cathartics. She felt weak, but as her tongue had cleaned, I ordered her a fuller and mixed diet. On December 7th, she complained of pains resembling those of subacute rheumatism in her back, arm and shoulder. On December 9th, she had a pulse of 124. Respirations 32. Temperature in the morning 102°, and in the evening 100°, and she suffered from pain in her left side. She had no cough or expectoration, but the recorded physical signs were as follows:—No marked difference of tone on percussion, but considerable tenderness was felt at the inner angle of the right scapula, and at this point bronchophony was heard. Over the left lower back, below the spine of the scapula, was distinct crepitus. This was also heard over the lower portion of the right lung. I ordered cod-liver oil mixture.

Dec. 10th. She was more comfortable. Pulse 112. Resp. 32. Temp., A.M., 99°; P.M., 100°.

12th.—Complaining of chilliness and severe headache. Temp., A.M., 100°; P.M., 101°.

13th.—Pulse 104. Temp., A.M., 99°; P.M., 101°. Headache and nausea continues. Nothing abnormal could to-day be detected on physical examination of chest. The cod-liver oil mixture was omitted.

15th.—She suffered from severe headache throughout the night, and vomited a Rochelle powder which was given in the early morning. Pulse 84, of variable strength of beat. *R. Quinæ sulph. gr. i. thrice daily.*

16th.—During the night, she was in a state of hysterical excitement, very noisy

[WHOLE No. 2119.]

and disturbing the ward. She had occasional convulsive paroxysms, and she was in one of these convulsions at the time of my visit, being apparently unconscious, although she afterwards proved not to have been entirely so, rolling in bed from side to side, her fingers being clenched, her face flushed, her pupils responsive to light. An assafoetida enema was administered, and after a few hours she became quiet.

17th.—I found her perfectly rational. She had been vigilant throughout the night, but less noisy. Her pulse was 88. Resp. 28. The quinine was omitted, and I ordered ammoniac valerianatis, gr. ij.; syr. pruni. Virginianæ, ʒi. M. Every four hours.

18th.—She had been noisy and restless through the night, but was quiet and rational during the day. She complained of headache and pain in her back. There was some tenderness on pressure along the cervical and dorsal vertebrae. Pulse 80. Skin was natural. The tongue had a yellow fur on the centre. The bowels were constantly costive, and were moved by means of podophyllin.

20th.—Pulse again 104. She had much pain and tenderness along the cervical vertebrae. The pupils were dilated, not acting readily, and there was slight internal strabismus of the left eye.

21st.—The only improvement to be perceived was that the pupils acted more readily, but her night had been as restless, and the pain in her head and back was as persistent as ever.

22d.—Her pulse was 120. Her skin hot and dry, with red blotches here and there on the chest, especially at the base of the neck. The strabismus still continued, and the pupils with difficulty responded to light. She was unable to see fine print so as to read, and all large objects appeared double. She with marked difficulty raised herself on her elbow. There was no stiffness of the neck; on the contrary, a want of control of the muscles was manifested, and when the shoulders were raised, the head rolled about from side to side. She in the afternoon had a return of hysterical paroxysm and convulsion. During the past week she has had several slight attacks of epistaxis.

26th.—Her condition was as described on the 22d, excepting that the power of motion had constantly lessened, and she was unable to raise herself upon her elbow.

27th.—She had an hysterical paroxysm in the morning of two hours' duration. Pulse 124. Temp. 99°.

28th.—After having passed a more than

usually comfortable night, and in the morning at least as well if not better than she had been for some days previously, she suddenly and almost instantaneously, without any struggle or complaint, died at 9, A.M.

The autopsy was made early in the afternoon of the day of her death. There was no marked emaciation, nor any marking or discoloration of the skin other than that consequent on cadaveric congestion of the dependent parts.

Head.—There was a marked congestion of the cerebral vessels noticed on the removal of the calvaria, and on the removal of the brain and its envelopes a large amount of serous fluid escaped from the cut membranes, and also drained from the spinal canal. The dura mater appeared to be healthy. The pia mater was thickened and opaque, and about the fissure of Sylvius, and in the transverse fissure, there was seen, on close examination, numerous minute translucent granulations. The membranes about the base of the brain had generally a thickened, matted and lymph appearance. The substance of the hemispheres of the brain was sufficiently firm, and the puncta cruenta, on section, were unusually noticeable. The ventricles were greatly distended, and contained a somewhat larger amount of fluid than natural, but owing to the brain having been removed entire much of this had escaped. The middle portion of the corpus callosum was considerably softened, even for this part, so as to be of a creamy consistence.

Chest.—There were a few recent pleuritic adhesions at the posterior part of the left lung, but no excess of pleuritic effusion. The apices were free from adhesions.

Lungs.—The lungs collapsed readily on opening the thorax. Here and there on the surface of the lungs, beneath the pleurae, were seen studs of yellowish tuberculous matter; these varied from one to three quarters of an inch in diameter. On section, such masses were found scattered throughout the lungs in every direction. Nowhere was there any large deposit, and the lung-tissue in which they were imbedded appeared to be perfectly healthy. These masses were, on section, white and comparatively hard.

Bronchial Glands.—The bronchial glands were enlarged, softened, of a curdy consistence and a grayish color.

Heart.—The heart was healthy.

Abdomen.—The liver, of a normal size, was with difficulty detached from the diaphragm, to which, on its convex surface, it was universally adherent; and it was

filled with round, distinct masses of tubercle, as in the lung, both seen on the surface and on section throughout the organ, the substance of which appeared otherwise to be perfectly healthy. The gall-bladder was distended with bile.

The surface of the diaphragm was roughened with coarse tuberculous granules imbedded on its inflamed surface.

Spleen.—The spleen was in the same general condition as the liver, its healthy tissue containing many distinct, rounded masses of tubercle.

Kidneys.—The kidneys contained a few small but distinct masses, not larger than large-sized bird shot.

Mesenteric Glands.—The mesenteric glands were somewhat enlarged, but did not appear to be tuberculous.

The intestines, and uterus with its appendages, were healthy.

The case which I have thus described, I thought to be worthy of reporting, for its obscurity until the autopsy revealed its true character made it of marked interest to me. Seen before entrance into the hospital by Dr. F. E. Oliver, she remained under his care until Dec. 1st. He had suspected the existence of typhoid fever, or rather described the patient to be in the condition of a person who had imbibed the typhoid poison, but who had been struggling to throw it off, the full development of the disease being thus prevented. At first accepting this theory, but not seeing a true convalescence, and finding the pulse to be excited, I was obliged to abandon it, recognizing only the general fact of some morbid and deleterious influence being at work. The cause for the imperfectly marked and evanescent pneumonia occurring on December 9th I could not suspect, as she had not been out of bed.

On the 12th of December, the inflammation of the meninges probably commenced. But the symptoms seemed to be those of a purely hysterical character, and at first when the paroxysms passed off her face did not seem of an unusually dull expression. Her headache was not complained of as being of a peculiarly fixed character, and she replied to questions quickly enough and intelligently. A few days later, from the 20th of December until she died, the expression of both face and figure and her general behavior again suggested to me the existence of cerebro-spinal meningitis; and as Dr. Upham, whose attention I had repeatedly called to this patient, remarked: "I know what is in your mind; she has suggested those cases of cerebro-spinal

meningitis we have seen." This expression defines the case. She suggested this just as she had before suggested the typhoid fever and the pneumonia, but the positive proofs of either disease were absent.

So it was with regard to the real disease which existed, and the true nature of which was only revealed to me by the autopsy. She had not emaciated. At no time had she had cough or expectoration. Her general appearance was not that of the tuberculous diathesis, but rather that of a good-looking, healthy country girl; nor did her symptoms at any time show any indications of tuberculous disease.

Nor did the autopsy throw any light on another interesting point—the suddenness of death. It took place as the nurse was sweeping her room. When she entered, the girl appeared as usual, but in a few minutes, happening to glance towards her, she saw she was dead.

Another point which this case illustrates is the fact that though the diagnosis was not made out, yet the existence of some grave morbid process being in progress was evident, and the review of the whole development of the case makes us recognize the general similitude existing between tuberculosis and the other constitutional affections, such as pyæmia and septicæmia.

Since reporting the above, I have had another case of somewhat similar disease—acute tuberculosis—which I think interesting to detail in connection, although after the first few days there was no doubt of the diagnosis; yet the very rapid progress, with the high fever, brought out the likeness to typhoid fever, and again illustrates the similitude between tuberculosis and pyæmia.

CASE II.—*Acute Tuberculosis without Meningitis.*

N. C., unmarried negro, aged 20, born in southern part of Virginia; came North in 1861; served two years as a cavalry soldier; during past year has worked as a private coachman. Reported always having been in good health, acknowledging no sickness until commencement of present trouble, six weeks before entrance to City Hospital, which was on 24th of February, 1868.

First symptoms were those of *malaise*, followed by coryza and cough, slight pyrexia, but no pain. He kept at his work for eight days, then took to his bed, simply from weakness. His chief complaint through sickness has been of cough, oftentimes preventing sleep; sputa thick and

white, never bloody nor rusty. His appetite good, though food is frequently vomited, the act being caused by cough; bowels costive.

At entrance, countenance easy, general aspect satisfactory, skin cool, tongue moist, with light, white coat. Resp. 28. Pulse 108, soft, feeble volume.

Physical examinations on 25th gave healthy resonance on percussion over both backs; on auscultation over backs, particularly over right, moist respiratory sounds were heard, together with sonorous and sibilant râles.

At this time, case was supposed to be one of bronchitis, but on the 27th, the physical examinations giving the same results as before, the pungent heat of the skin attracted attention. The thermometer gave its morning rate of 104.5° F., in the evening of 106° F. This high rate of thermometer persisting, made the diagnosis of the case clear.

On the 1st of March, temp. in morning 105.5° F.; pulse 100; bronchial râles still exist throughout chest; no dulness detected anywhere. At right apex, over circumscribed space an inch below clavicle, bronchial whisper of a deeper tone than in surrounding tissue. All other signs of cavity wanting.

March 7th.—Pulse 104. Daily expectorates from four to six ounces; cough as before. Progressive emaciation. Coarse crepitus in back, where bronchial râles were previously heard; vocal fremitus in right side much increased.

14th.—Pulse 128, thrilling. Cough for first time complained of as being so severe as to cause feelings of weakness. Expectoration increased. Respiration in left back coarse, without râle; right back, explosion of finest crepitant râle below inferior half of scapula.

On 21st of March, disease having progressed in severity, record states:—"At times is in condition verging on mild delirium; irrational questions and answers. No squinting nor affection of pupils." This condition of gentle delirium continued almost constantly till his death.

On the 27th, pulse 152; resp. 44, laborated. *Alae nasi* acting vigorously; burning heat of skin; complaining of cough, thinking he had taken cold.

On the 29th, being just eleven weeks from very commencement of sickness, patient died.

The temperature was taken at various times during the day with uniform results, it ranging in every instance from 103.5° F.

to 106° F., until just before his death, when it was 101.5° F.

The condition of the bowels was that of occasionally slight constipation, varied by slight degrees of looseness—not enough to be complained of, nor amounting to over two or three dejections daily.

The treatment was only by arterial sedatives and soothing mixtures for the lungs, with, for a time, small doses of cod-liver oil and, of course, carefully regulated diet and stimuli.

The autopsy was made twenty-eight hours after death. Body much emaciated.

Brain.—Considerable vascularity existed; otherwise normal.

Pericardium and heart sufficiently healthy, with exception of two ounces of serum being found in sac.

Lungs.—Left pleural cavity contained six ounces of serum; right, four ounces. Both costal and pulmonary pleurae covered with thin exudation of lymph. The left lung had few slight adhesions at top. Apex was surprisingly healthy. Lower lobe had numerous aggregations of tubercles in its substance. Still some healthy tissue left. The right lung had its superior lobe intimately adherent to thoracic walls; on its being detached, a rupture was made into lung tissue and several ounces of pus were discharged. The cavity occupied almost entirely the upper lobe; the middle lobe also had a cavity of considerable size in its substance, while the lower lobe was simply infiltrated with tubercle.

Ulcerations existed in small intestine, particularly in lower part of ileum. The mucous membrane was much congested, the solitary glands enlarged, but slightly ulcerated. Peyer's patches prominent, extensively ulcerated, the mucous membrane covering them having an extremely irregular outline, with ragged, worm-eaten centre. At no place had the ulcerative process extended below the mucous coat.

Other organs, as far as examined, sufficiently healthy.

POISONING BY SULPHATE OF ATROPINE.

A HEALTHY child, aged nearly three years, swallowed somewhat more than a grain and a half of sulphate of atropine in aqueous solution.* The poison was taken at a quarter before six in the afternoon. He

* R. Atropine sulph., gr. ij.; aque pur., dr. iv. An eye water which had been prescribed by an eminent oculist of this city about a year before; but as only a few drops had been used, the remainder was set aside for future use, if needed, its poisonous character not being known.

soon fell asleep, and slept about twenty minutes, when he awoke and became hot and restless; and as these symptoms increased, medical aid was called in, which, however, did not arrive till about eight o'clock—two hours after ingestion of the poison, and too late to be of service in removing it from the stomach.

At this time he began to have some twitching of the muscles; there was slight cerebral excitement, and the pupils were moderately dilated; breathing was somewhat hurried, and the action of the heart was violent but regular; there was increased heat of skin, which was dry. At about 9, P.M., three drops of tincture of opium were given.

10, P.M.—Had less twitching of muscles since taking the opium, and there is apparently less general excitement. Took four drops of tincture of opium.

11, P.M.—No apparent change since ten, except that he is more restless; the pupil has not dilated any since nine o'clock. Gave five drops of tincture of opium.

12, midnight.—Action of heart regular, but rapid and thumping; pulse at wrist 170, distinct; no sensible perspiration; no urine; pupils as before—dilatation not remarkable; no sighing, but a very excited manner of breathing. Gave six drops of tincture of opium.

1, A.M.—Has slept some during the last hour, and breathed quite naturally while sleeping; when awake, however, respiration is sobbing and excited; heat increased; pulse not so rapid, 140, regular; pupils contracted to nearly the normal size. Gave five drops of tincture of opium.

2, A.M.—Since one o'clock he has grown worse; there is less jactitation and twitching, but there is stupor, with coma-vigil, and respiration is labored; had a convulsion; pulse still regular, but rapid and not so strong.

3, A.M.—Skin hot, no perspiration, and no eruption; no urine; respiration difficult and sighing, like the respiration in infants poisoned by opium; occasional convulsions of upper extremities and head; lower extremities and body quiet; pupils again dilated; mouth and tongue not remarkably dry; head hotter than natural. Cold was applied to the head. Pulse is still regular, not rapid but weak.

4, A.M.—Heart still regular, but is failing; pulse nearly indistinct at wrist; respiration sighing, inspiration to expiration as two to one, extremities losing heat, but heat of thorax has increased; no spasm, but some twitching of the face and hands,

with slight trismus in the course of the last hour.

4.20, died. There was no struggle, respiration and circulation seeming to cease simultaneously, ten hours and thirty-five minutes after taking the poison. There was no *post-mortem* examination.

No urine was passed after taking the poison; there was no sensible perspiration, but great heat of surface; no eruption; thirst was not urgent, the mouth and tongue remaining moist to the last. There was no vomiting, and no complaint of pain.

The first effect of the poison was drowsiness, which was soon succeeded by what seemed to be morbid sensibility—hyperæsthesia—as everything, noise, or the light of the lamp, or touching him, seemed to increase the restlessness. Then came a period of involuntary jactitation, accompanied by clonic spasm; after that a period of stupor, which in the earlier stage was characterized by coma-vigil and slight trismus, but by degrees became perfect coma, which terminated gradually in dissolution. Tinct. opii was given on the ground of its alleged antagonism to the effects of belladonna, but with the exception of an apparent quieting of the restlessness after the first dose (which might have been due to some other cause, as it was not permanent), no antagonistic effect was produced, unless the contraction of the pupil is so considered; but it dilated again, even when the doses of opium were being continued. It was evident that no good was accomplished by the administration of the opium, but not so evident that no harm was done. c.

Boston Highlands, Aug. 1, 1868.

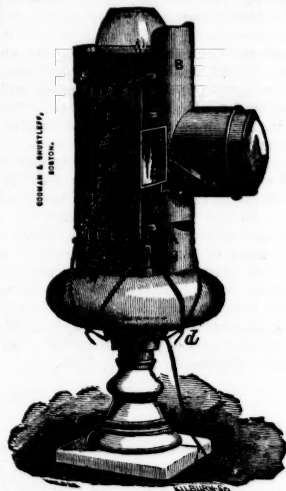
A NEW LARYNGOSCOPIC LANTERN, OR LIGHT-CONCENTRATOR.

IN common with several other gentlemen interested in laryngoscopy, I have felt the need of a light-concentrator which was portable and readily adapted to any of the lamps or gas-fixtures in common use. It is, moreover, within my personal knowledge that the study of laryngoscopy has been greatly limited by the expensiveness of light-concentrators, which are all, or nearly all, imported, and adapted to particular kinds of light-stands, which must, therefore, be purchased with them. Under these circumstances, I feel justified in asking you to allow me to describe, briefly, in the JOURNAL, a laryngoscopic lantern or light-concentrator of my contrivance, which promises to fulfil the indications first mentioned, and which

can be obtained at a comparatively moderate cost.

The lantern (see the engraving below) is made up of three main portions, the front piece A, and two wings, which hinge upon the front piece and by which the diameter of the lantern may be increased beyond the diameter of any of the glass chimneys in ordinary use. These wings may be locked together at the desired point, as at *a*.

The height of the flame, from the part of the lamp suited for a support to the lantern, varies, of course, in different lamps and gas stands, and inasmuch as the lens must be on a level with the flame, the tube containing it is attached to a slide, B, which, moving in grooves in the front piece, may be



raised or lowered as found necessary. The lens is also movable within the tube, in order to admit of its being retained at its focal distance from the flame when the diameter of the lamp is changed. The movement is made by the sliding of a knob on each side, *b*, in an elongated opening in the tube.

The lantern is made firm upon the lamp by passing a bit of cord back and forth between the instrument itself and hooks, *d*, which are strung upon a cord tied around any suitable place in the lower part of the lamp. This arrangement is simple, extremely efficient and universally

practicable, the latter point being difficult of attainment by any other mechanism.

By general acknowledgment, the employment of the laryngeal mirror in one's own person is an important aid in the study of laryngoscopy. There is, therefore, attached to the lantern, the second mirror, *c*, necessary for auto-laryngoscopy, which, through a very simple form of mechanism, has nearly all the movements usually afforded by a ball-and-socket joint.

If a patient, while under examination, desires to get a view of his own larynx, this mirror may be put into position, and be manipulated by him. The physician in this case raises his eyes slightly, so as to look over the upper edge of the mirror.

This light-concentrator will be found useful not only in laryngoscopy and rhinoscopy, but in the examination of the external ear. It is designed for direct light, a method preferred by many laryngoscopists to reflected light. The lens is, however, of sufficient diameter to admit of the use of the frontal reflector if desired.

The instrument is made by Messrs. Codman and Shurtleff, who can also furnish laryngeal mirrors which bear favorable comparison with the best imported mirrors.

HENRY K. OLIVER, M.D.

Boston, Sept. 25, 1868.

Reports of Medical Societies.

AMERICAN ACADEMY OF DENTAL SCIENCE.

THE annual meeting of the Academy of Dental Science was held September 18th, at 3 o'clock, P.M., in the rooms of the Suffolk District Medical Society, No. 12 Temple Place. Dr. E. T. Wilson presided, and Dr. E. N. Harris acted as secretary. At a business meeting, the following officers were elected for the ensuing year:—

President, Daniel Harwood, M.D.

Vice-President, E. T. Wilson, M.D.

Secretary, E. N. Harris, D.D.S.

Treasurer, E. G. Tucker, M.D.

Librarian, John Clough, M.D.

Censors, E. G. Tucker, M.D.; D. M. Parker, M.D.; J. L. Williams, M.D.

Remarks were made by Dr. Daniel Harwood of Boston, and Dr. J. H. Foster of New York.

The annual address was then delivered by E. T. Wilson, M.D.

Dr. Wilson, in welcoming the gentlemen present to the hospitalities of the occasion, congratulated them upon the renewal of

the many privileges and pleasures which the anniversary proffered. It was good, he said, for the devotees of a common pursuit, the professors of an important and useful science, the cultivators of an ingenious and beautiful art, to gather together that each may compare his own experience with that of his fellow, and may communicate in a spirit of professional courtesy whatever of useful novelty may have fallen under his observation. Dentistry has been created as a science almost in our own day, and no liberal pursuit, partly practical and partly theoretical, has made more rapid advancement. The wonderful progress, which is admitted by everybody, was made under the most discouraging difficulties, and it has been owing to patient study, shrewd observation, tireless manipulation, and cautious and intelligent experiment. The profession has now status, respectability, cultivation, knowledge, experience and a literature of its own; and it has not for many years been deficient in facilities for a thorough practical education; nor has it more than its fair proportion of quackish parasites. In medicine there has been 'pathy upon 'pathy, but there has been no 'pathy introduced into dentistry except the amalgam 'pathy, which has, and is, in the future, destined to open a large field of practice to those medical men who are thoroughly versed in counteracting the effect upon the human system of all mercurial compounds such as are used at the present time by many dentists. There has been no method devised thus far of extracting teeth by an infinitesimal turn of the wrist, or of plugging them by inserting the decillionth of a grain of gold. We have dexterous and we have clumsy operators, but some kinds of work we all admit it is necessary to do, and when we have made a botch of it we are not permitted to hide our failure in a cemetery, for it keeps walking about, grinning horribly a ghastly smile and advertising our incompetency to all beholders. The academy has its standard of professional acquirement and it intends to maintain it. It has lately been found, however, that the blessed hour for grinding out dentists by a new process has arrived. The young men are to be lectured into dexterity and taught the art of extracting in twelve easy lessons, and the whole use of instruments, by a faculty of erudite professors. What a doctor of dental surgery needs is a thorough practical education and a holy horror of humbug, an educated hand, an educated eye, and an educated heart. There is no profession in the world in which

there is more danger of lapsing into the slough of charlatantry; good work takes time and requires patience. The American Academy of Dental Science may be the grand auxiliary in promoting the usefulness and sustaining the respectability of our profession. Considering the public health of the teeth in this country, we ought to be regarded as philanthropists. There are those of our profession who resort to every quackish expedient for the purpose of making money, but the question is whether the largest possible fortune is worth obtaining in this way; whether maunliness is not of more value than money, whether respect should be parted with for silver, or a good reputation for gold. Solid and lasting popularity is won by patient effort, and high-minded professional honor; it is based upon real acquirements, unusual skill and uncommon good judgment. Dentistry being a progressive profession, we may reasonably look forward to new discoveries and improvements in practice such as are hardly dreamed of. An unending and undimmed battle against quackery must be carried on by every honest practitioner. A good piece of work cannot be done by one who does not understand the whole minutiae of the dental laboratory, and the person who can do this is not a subject for censure. In closing, Dr. Wilson dwelt upon the necessity of maintaining a high standard of professional character and dignity, and spoke hopefully of the success which the profession is destined to attain in the future.

Dr. Daniel Harwood, of Boston, was appointed by the Academy to deliver the next annual address.

BOSTON DISPENSARY.

The following are the statistics of this institution for the year ending October 1st, 1868. The number of new patients at the Central Office has been 16,033, of which 10,969 have been medical cases, and 5064 surgical, classified as follows:—

	MEDICAL.			Total.
	Men.	Women.	Children.	
1st quarter,	503	810	696	2009
2d " "	681	895	776	2352
3d " "	664	1129	1011	2804
4th " "	770	1627	1407	3804
Total,	2618	4461	3890	10,969
	SURGICAL.			Total.
	Men.	Women.	Children.	
1st quarter,	343	315	399	1057
2d " "	441	413	550	1404
3d " "	414	435	545	1394
4th " "	347	396	466	1209
Total,	1545	1559	1960	5064

The number of new patients in the Districts has been as follows:—

	Men.	Women.	Children.	Total.
1st quarter,	384	910	1171	2465
2d "	422	1036	1106	2564
3d "	378	931	1149	2458
4th "	350	856	1286	2492
Total,	1534	3733	4712	9979

Discharged, cured or relieved,	9361
Sent to Hospitals, or removed from Districts,	313
Died,	314
Remaining under treatment,	78

Patients remaining at last annual report,	10,066
	87
	9,979

Total number of cases at Central Office,	16,033
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Total number at Central Office & in Districts,	26,012
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PATIENTS, NEW AND OLD, AT CENTRAL OFFICE.

	Medical.	Surgical.	Total.
1st quarter,	4674	2236	6970
2d "	5789	2379	8168
3d "	6608	1791	8399
4th "	6800	1466	8266

Total,	23,871	7932	31,803
Number of cases of midwifery,	-	-	140
Number of recipes during the year,	-	-	58,011
Number of recipes since July, 1866,	-	-	495,530
Number of patients since July, 1866,	-	-	233,830
Average daily attendance,	-	-	102

SURGEONS.

Francis H. Brown, M.D. Calvin G. Page, M.D.
Seth L. Sprague, M.D. John Homans, M.D.
Ophthalmic Surgeon, Oliver F. Wadsworth, M.D.

PHYSICIANS.

Hall Curtis, M.D. S. W. Langmaid, M.D.
J. McLean Hayward, M.D. Frederic I. Knight, M.D.
P. A. O'Connell, M.D. F. B. Greenough, M.D.
Francis C. Ropes, M.D. Wm. F. Munroe, M.D.
J. B. Treadwell, M.D. Charles E. Inches, M.D.
Charles B. Porter, M.D. Samuel G. Webber, M.D.

DISTRICT PHYSICIANS.

No. 1.—*Vacancy*.
No. 2.—John B. Fulton, M.D.
No. 3.—David H. Hayden, M.D.
No. 4.—Alfred L. Haskins, M.D.
No. 5.—Robert Disbrow, M.D.
No. 6.—J. Franklin Appell, M.D.
No. 7.—David F. Lincoln, M.D.
No. 8.—Hugh Doherty, M.D.

A. K. Carruthers, Apothecary; Walter E. Moore, Assistant Apothecary; Daniel Murphy, Second Assistant Apothecary.

SAMUEL A. GREEN, M.D., *Superintendent*.

CONCEPTION AN ELECTRICAL PHENOMENON.—Harvey L. Bird, M.D., Professor of Obstetrics in the Medical Department of the Washington University, Baltimore, Md. (*Med. and Surg. Reporter*), believes that fecundation or impregnation is *always* an electrical phenomenon; and whether it occurs from the artificial injection of the male semen, or whether the spermatozoa enter the female vagina, via naturali, it results from the completion of an electric circle—the union of positive and negative electricities.—*Medical Record*.

Medical and Surgical Journal.

BOSTON: THURSDAY, OCTOBER 8, 1866.

The following report from Heidelberg is of such general interest to many of our readers, that we cheerfully yield to it our Editorial space.

ANNUAL MEETING OF THE HEIDELBERG OPHTHALMOLOGISCHE GESELLSCHAFT.

Reported in brief by HASKETT DERBY, M.D., Boston.

The regular meetings of this Society, which have been interrupted since 1865, owing to the war in 1866 and the occurrence of the Paris Congress in 1867, have now been resumed, and the first session of the present year was opened on the morning of September 4th, at the Hotel Schrieder in Heidelberg. Between fifty and sixty members were in attendance.

At half past nine, A.M., Prof. von Graefe called the meeting to order. In a few well-chosen remarks, he congratulated the members on their final re-union, alluded in feeling terms to the disastrous civil war through which they had been temporarily kept apart, and dwelt upon the unity in pursuit of scientific truth, as well as on the harmony of action which had ever characterized the Society.

Dr. Knapp, of Heidelberg, was called to the chair, and the regular report was read by the Secretary, Dr. Hess. Five members had deceased since the last meeting, among them Mackenzie, of Glasgow, and Ruete, of Leipzig. Several names were proposed for membership.

Dr. Cohn, of Breslau, exhibited a new form of spectacles for the protection of the eyes of workmen from chips of metal, the influence of excessive heat, and other frequent sources of injury. The frames were made of light and easily flexible wire, and plates of mica substituted for glass. In order to give the requisite blue tint, much difficulty had been at first experienced, but a plan had finally been devised of taking two thin plates of mica, instead of one, and interposing a layer of colored gelatine, which was found to answer the purpose perfectly. Such glasses proved an efficient means of protection, and could be furnished at an exceedingly moderate price.

Dr. Dor, of Vevey, exhibited shaded glasses of different curves; also some excellent plano-cylindrical lenses. These were furnished by the Société des lunétiers,

6 Rue d'Anjou, Paris. The cylindrical glasses cost but twelve francs per dozen pairs.

Dr. Iwanoff, of Russia, read a paper on losses and detachments of the vitreous. He controverted the generally received doctrine that small losses of vitreous were unimportant, and spoke of retinal separation as a frequent consequence. His remarks on separation of the vitreous were of considerable length, mainly pathological in character, and illustrated by drawings.

In the discussion which followed, Dr. Leber related a case of retinal separation, occurring in a person addicted to the free use of alcohol. The layer of rods and bulbs was detached from the adjoining portions of the retina, and the retina itself was slightly raised from the choroid.

Dr. Leber, of Berlin, spoke on neuritis optici, alluding to the form known as "descendens," where meningitis, for instance, was prolonged forward from the brain, and effected a tangible change in the appearance of the nerve; and to those cases where the ophthalmoscope revealed no greater alteration than a diminution of transparency, which might escape notice. He divided the changes in the substance of the nerve into three classes.

1st. An interstitial deposit of numerous cells, some spindle-shaped, in the coarser connective tissue which traverses the nerve and includes the vessels.

2d. A fatty degeneration of the nerve fibres. Vertical section shows no regular fibrous structure, its place being supplied by small brilliant globules of fat, invisible to the naked eye until treated with chromate of potash. This change he had observed, among others, in a case of amblyopia potatorum, and one of basilar meningitis.

3d. A pronounced atrophy, with abundant deposit of granular cells.

The case of a child who had tuberculous basilar meningitis was related. The ophthalmoscope showed in one eye a well-marked neuritis, with prominence of the optic papilla. In the other, marked venous hyperæmia. The next day, neuritis was as well marked in the one as the other. A subsequent autopsy showed thickening of the nerve fibres; also fatty degeneration. And in connection with intra-cranial pressure, the view of von Graefe was alluded to, this being that such pressure was augmented by tumors to a degree altogether disproportionate to their size.

In the following discussion, Prof. Becker, in speaking of intra-cranial pressure, men-

tioned certain recent dissections, which showed the vena centralis retinae to be distributed into the orbital cavity and thence to the face, and not to return to the cranial cavity. Doubts were expressed by several on this point.

Prof. Knapp, of Heidelberg, spoke on tumors. His remarks were copiously illustrated by drawings and preparations. He showed a case of glioma seated on the external wall of the retina. Such growths he had found to proceed rather from the inner than the outer granular layer. A case of glioma extending through the cerebrum and cerebellum into the roots of the spinal nerves was related; also a metastatic glioma in the liver. As bearing on the prognosis of this disease, he cited a case where, after one eye of a child had been extirpated, the affection failed to re-appear for two years and a half. He alluded to sarcoma arising from the ciliary body and causing dialysis of the iris, or penetrating its structure, simulating independent affections of this membrane, or even glaucoma. Sarcoma and glioma might be confounded when commencing.

Dr. Liebreich, of Paris, described a new method of bringing forward the insertion of a muscle, his object being to avoid the loss of conjunctiva consequent upon the present operation. He makes a large vertical cut in the conjunctiva, just behind the insertion of the muscle, prepares the conjunctiva forward to the cornea, divides the insertion of the muscle and incises the capsule of Tenon above and below; passes then a thread through the extremity of the muscle and attaches it to the conjunctiva at the edge of the cornea, subsequently closing the conjunctival wound by sutures.

He also showed a pair of iridectomy forceps, constructed for the purpose of getting a more secure hold of the iris in cases of anterior synechia or adhesions of the iris to the capsule of the lens.

Prof. Dor, of Berne, exhibited an apparatus for demonstrating the mechanical effects of bringing forward and setting back the insertions of muscles.

Dr. Heymann, of Dresden, gave his results in 34 cases of cataract operated on according to the method of Graefe. He was in the habit of following out the method as laid down by its originator, with the single exception of relaxing the fixation at the instant of opening the capsule. His total losses had amounted to 6 per cent.; it should be observed, however, that this percentage might have been different if based upon a larger number of cases.

Of these 34, he had an opportunity of measuring accurately the acuteness of vision in 19 instances. Such accuracy was, in his opinion, best attained by postponing the trial as long as possible after the operation, and ascertaining, by means of two trials, made a week apart, that no further improvement was likely to result.

In 3 cases vision equalled unity.

In 10 " " " was more than $\frac{1}{2}$.

In 6 " " " " " " $\frac{1}{10}$.

Dr. Wecker, of Paris, Dr. Höring and Mr. Soelberg Wells spoke warmly in favor of this method of operating for cataract, they having all abandoned flap extraction in its favor.

Dr. Mooren had done this operation 364 times during the past three years. His total losses had amounted to 3 per cent. Since the commencement of 1868 he had operated 82 times and lost only $2\frac{1}{2}$ per cent.

Prof. Rothmund, of Munich, gave the following table of his results by flap extraction and Graefe's method.

FLAP EXTRACTION.					
Total No. of Cases.	1	Results, per cent.	2	3	4
396	30.7	41.4	8.1	7.6	12.2

GRAEFE'S OPERATION.					
Total No. of Cases.	1	Results, per cent.	2	3	4
186	32.3	48.3	3.8	11.8	3.8

No. 1 expresses ability to read No. 1 to No. 3 of Jaeger's test type.

No. 2 expresses ability to read No. 4 to No. 12 of Jaeger's test type.

No. 3 indicates the power of counting fingers at short distances.

No. 4 indicates quantitative perception of light.

No. 5 indicates total loss of vision.

Prof. von Graefe had, in 7 cases, done this operation on children, the anterior capsule having been found to be thickened. In answer to a question from Dr. Liebreich as to whether he considered the success of the operation to depend on the tissue in which the cut is made, or on its form and position, von Graefe replied that both circumstances probably combined to secure a favorable result. The form of the cut allows its edges to come together better than is the case in ordinary flap extraction. And the cut itself, being made in the periphery of the cornea, was more likely to heal than if made in corneal substance proper. Whether, however, the scleral tissue or that of the periphery of the cornea was more likely to heal he was not prepared to say.

Adjourned at 1, P.M.

AFTERNOON SESSION, at 5.30.

Professor Becker, of Heidelberg, exhibited a number of ophthalmoscopic drawings, made at the Clinique of Prof. Arlt, in Vienna, principally illustrating affections of the choroid and retina.

Dr. Berlin alluded to the method of extirpation of the tear sac. Speaking of cases where the method of treatment proposed by Bowman does no good, and where in former times the obliteration of the tear sac was sought to be effected by the use of caustics or the actual cautery, he proposed to accomplish the same purpose by the removal of the mucous membrane, disclaiming, however, any originality in this particular. He opened the tear sac in the usual manner, and then dissected away all the mucous membrane he could reach. The healing process he found to be accelerated by tying the canaliculi for a few days after the operation.

Dr. Weber, of Darmstadt, had tried this method, but without success.

Dr. Snellen, of Utrecht, exhibited a new form of tonometer.

Dr. Steffan, of Frankfort, read a case of Herpes Zoster frontalis, and showed photographs of the disease. In the discussion which followed allusion was made to the very beneficial effect of subcutaneous injections of morphia, in allaying the pain of this disease.

Dr. Javal, of Paris, showed a new form of Stokes's lens for the measurement of astigmatism. To avoid the necessity of continually changing the position of the apparatus, he had caused the concave cylindrical lens to be divided into two, the sum of which would be its equivalent. These are moved by a screw, around the same axis, but in opposite directions. It is thus possible to use the instrument without changing its position.

Dr. Cohn, of Breslau, referring to the varied nomenclature of ophthalmic disease as impeding the compilation of statistics, proposed the appointment of a commission which should consider the subject and suggest a remedy. Laid over.

Adjourned at half past seven.

SEPT. 5.—The meeting was opened at 9.30, A.M. Professor Förster, of Breslau, in the chair.

The motion made by Dr. Cohn, at the previous session, was taken up and passed. The following gentlemen were appointed on the commission:—Drs. Becker, Mooren, Pagenstecher and Knapp.

Dr. Rottenstein, of Paris, exhibited an

inhaling apparatus, adapted to the use of ether or chloroform. A discussion ensued as to the value of nitrous oxide gas as an anæsthetic in ophthalmic surgery. It had been used in various short operations by Drs. Meyer and Wecker, with considerable advantage. Cyanotic appearances had often been observed by the latter during its administration. It was stated that the gas was now sold in London in a liquid form, put up in iron bottles.

Dr. Meyer, of Paris, read a paper on the division of the ciliary nerves in sympathetic ophthalmia. He was not in the habit of performing this operation on an eye that retained any perception of light. And he had not found atrophy of the globe to be an invariable result. In four cases where he had operated, atrophy had ensued but twice. Where sympathetic ophthalmia seemed imminent, he regarded this plan of treatment as preferable to enucleation. He was accustomed to open the conjunctiva as in the operation for strabismus, dissect it back from the cornea, fix the globe by passing a hook under the insertion of the nearest muscle, and then with a curved knife, otherwise similar to that used in Graefe's operation for cataract, to make an incision six or eight lines in length through that part of the ciliary region most sensitive to the touch. The conjunctiva was subsequently drawn over the wound.

Dr. Meyer also showed a new form of cystitome. The instrument is similar to that in ordinary use, except that the blade is double. By pressing a spring, after the instrument has been introduced into the eye, the blades are separated, make a double incision, and then being closed, bring away the contained piece of capsule. It may be obtained of Mathieu, in Paris.

Dr. Hippel gave the results of some experiments on intra-ocular pressure, and the influence of various nerves thereon. The point of the instrument used was introduced into the anterior chamber, and, being connected with a column of mercury, the amount of pressure was indicated by the varying height of the latter. Irritation of the trigeminus was found to cause a greater increase of pressure than that of the opticus. The trigeminus being irritated, seemed to give rise first to an enlargement of the vessels leading to the eye, and secondly, to the exudation of a serous fluid into the vitreous. Hence glaucoma simplex might be due to irritation of the trigeminus, but whether other nerves were involved in inflammatory glaucoma, he would not undertake to say. Some experiments had also

been made to test the *modus operandi* of iridectomy, but had as yet led to no result. The operation had been performed on twenty rabbits and cats without any sensible diminution of tension at the end of four weeks.

Dr. Adamik had experimented in a similar manner. He had not been able to discover that either the movements of the iris or the exercise of the accommodation produced any change in the intra-ocular pressure.

Prof. von Graefe was unwilling to regard these experiments as by any means conclusive, as he did not consider the connection between the anterior and posterior portions of the eye to be so intimate that an instrument, introduced into the anterior chamber, would give accurate information as to the pressure in or on the vitreous humor.

Dr. Wecker related a case of muscular paralysis and sudden exophthalmus, so completely simulating an aneurismal tumor of the orbit that ligation of the carotid was performed. Venous inflammation proved to be the cause.

Dr. Heymann exhibited an instrument for measuring the field of vision and for making delicate determinations of the sensitiveness of isolated portions of the retina.

Dr. Nagel, of Tübingen, read a case of development of crystals of cholesterine in the vitreous, and of the accompanying retinal changes.

Dr. Liebreich exhibited his fixed ophthalmoscope, packed in so small a compass as to be easily carried in the coat pocket, and made of aluminium, thus reducing the weight to a minimum. It was constructed by Nachet.

Adjourned at 12, M.

AFTERNOON SESSION at 1 o'clock.

Dr. Berlin detailed a method of making out latent hypermetropia.

Dr. Iwanoff read a case of neuritis optica, illustrated by drawings.

Prof. von Graefe mentioned an operation for ectropion. It consisted, supposing the lower lid to be the part involved, in first loosening the adhesions of the cicatricial tissue by dissection, either subcutaneous or on either side of a vertical cut, and then drawing the whole upwards by means of a thread passed through the lid and attached to the forehead. The insertion of a flap might thus be often avoided.

Prof. Knapp read a paper on the attempted inoculation of glioma. The results had been of a negative character in cases where the substance had been deposited under the

skin and in the veins, though disorganization had followed its introduction into the vitreous.

He gave also his results in 95 cases of cataract, in which extraction had been performed according to the method of Graefe. Vitreous had escaped in 8 per cent. of the cases. Iritis had occurred 11 times. The percentage of total loss had been 3.

Von Graefe urged the importance of avoiding, in this operation, any entanglement of the iris in the wound. He regarded this as important as the removal of all the cortical substance. An adhesion of the iris to or between the lips of the wound might ensue.

1st. Bad union.

2d. Prolongation of the healing process; also subsequent irritation. This might be recognized by the unusual amount of redness about the wound that would follow exposure to light.

3d. Iritis serosa in from four to six weeks after the operation.

He would, therefore, insist on the careful excision of the iris, and the replacement of any portion that could not readily be removed. In 240 cases on which he had operated this year, the iris had in only 10 been caught in the wound. This accident could not always be prevented. The outer edge of the iris was much more liable to it than the inner.

He prefers, for making the cut, a knife somewhat narrower than that at present in use.

The bleeding after this operation, which is apt to be considerable in one case in a hundred, comes no doubt from the canal of Schlemm. Von Graefe always removes the pressure bandage and applies iced compresses every hour, and for a quarter of an hour at a time. This is kept up from 24 to 36 hours, and is entirely efficacious.

As regards the acuteness of vision, one quarter to one third of his cases were able to read fine print in eight days after the operation. He had never obtained such results after flap extraction. 90 per cent. have, if under 75, vision of at least $\frac{1}{2}$; if over this age, vision of $\frac{1}{4}$. This he considers an entirely satisfactory result. No. 8 of Jaeger, read in from 7 to 8 inches, would indicate a corresponding amount of vision.

Adjourned at half past three, with a few appropriate remarks from Prof. Förster.

On the evening of the first day, Prof. Knapp, who is soon to remove to New York, entertained the members of the Society at supper at the Castle. Speeches were made by Drs. Dor, Heymann, Becker, Derby,

Mr. Soelberg Wells and others. The health of Prof. von Graefe was drunk with all the honors; a tribute justly due to the most genial of teachers, kindest of friends, and most illustrious of living ophthalmologists.

NEW VIEWS ON ABORTION.—As we anticipated, the report of the discussion on Mr. Lawrie's communication to the Dialectical Society "On the Happiness of the Community as Affected by Large Families," has excited very justifiable indignation against the doctrines to which some of the speakers gave expression. On that occasion Lord Amberley, son of the leader of the Radical party in the House of Peers, and the Liberal candidate for the representation of South Devon in the new Parliament, occupied the chair, and the assembly was *graced* by the presence of several females, whose views on morality appear to be very advanced indeed.

The author quoted Scripture to show that all the ills the world ever suffered under were due to the over production of the human race. He wound up the disquisition with the opinion that emigration, colonization, or any of the existent means of getting rid of the surplus population are only inefficient make-shifts, and that the only *panacea* is the small family system prevailing in France. So far Mr. Lawrie's paper was innocuous, for even if his arguments were not unsupported by practical experience, there could still be no great objection to persons restricting the number of their children by enforced self-denial. So far from the author's premises being true, it would seem evident that the high and increasing rates of wages even in the most over-populous places, and the existence on the face of the globe of whole continents of barren and uninhabited soil, indicate that increased rather than diminished population is what the world requires to attain the highest degree of happiness and civilization. It is simple nonsense for an author who desires to legislate for the whole world, to argue from individual grievances; and the absurdity was capped by a subsequent speaker, who said that an agricultural laborer of his acquaintance had only 8s. a-week, and three children, "owing to the fact that the people are landless, and that large tracts of ground were taken up by the hunting grounds of the aristocracy."

It is not, however, to Mr. Lawrie's proposal of small families that we object, but to the means openly and unblushingly proposed to remedy the difficulty, and the utter disregard by the speakers of the princi-

ple of right and wrong which conscientious persons derive from the teachings of religion. Feeling the hopelessness of inculcating universal self-denial as a remedy for their alleged grievance of over-production, they at once discard it, the only natural or right means of controlling over-population, and they look around them for means, holy or unholy, by which the world may be permitted to give full license to its sensuality without incurring the penalty (as the Dialectics would call it) which nature and a just Providence provides. Before considerations of what they call expediency all conscientious or scriptural restrictions vanish, and they do not hesitate, when a moral difficulty arises in their path, to elbow it aside at once to make room for a feasible, if not very righteous plan of their own. We believe we have not misrepresented the opinions of those who took part in the debate.

Mr. Levy said—As to the way in which the limitation of families should take place, he did not think, with many, that each family should only have two or three children. Delicate persons would be better without any children, and the robust and capable ought to have the privilege of engendering a larger number than the average.

Dr. Chapman accepted the law of Malthus as a scientific truth. The tendency to procreation helped us to keep down the inferior races, and thus, with the palliative of emigration, he thought that the "struggle for existence" was, on the whole, beneficial to mankind. Probably, as civilization advanced, the mere animal propensities would become more easily kept in abeyance, and poverty, arising from our over-population, would cease.

Lord Amberley said the subject brought forward by Mr. Lawrie was of first-rate importance. There was no doubt that prevention of over-population was by far the most satisfactory method of attacking the evil. How was this idea to be best spread among the poorer classes? He was glad to hear from Mr. Bradlaugh that the working classes were beginning to debate this vital point. Unfortunately the influence of the clergy in common with that of society, and the natural passions of mankind, were opposed to the prevention of over-population. He ventured to think that the propositions of Mr. McSweeney, that the evils of over-population could be remedied by taken the hunting grounds of the nobility, were erroneous. If it would do so, he, for one, did he possess such a park, would gladly part with it to do away with poverty; but, in fact, population would swallow up such

small gifts in a few years, and leave only fewer open spaces for all to enjoy. Emigration was good, but not rapid enough to relieve the pressure caused by rapid multiplication. The practical conclusion from all of which seemed to him to be, that Mr. Malthus was correct, and that, if ever we are to escape, as a nation, from poverty, it must be by the limitation of the size of our families. He (Lord Amberley) objected to celibacy; we all naturally objected to war and famine. Well, then, the only remaining alternative seemed to him to be small families; and after all it turned out to be a medical question how this could be best accomplished without injury to the health. He wished much he could hear the proposals of the medical men in the room as to the best means of limiting numbers. In America ladies were in the habit of keeping back their families, but the methods they employed seemed to him to be dangerous to health. Hence he should much like to hear a discussion as to whether some innocuous measure might not be discovered. It was remarkable that the subject should have first been taken up in America, where it was not so much required as it was here.

Mr. Rigby Smith believed that the existence of large families was an immense evil. He would add that, at present, it was by no means the best portion of the race which increased and multiplied too fast; it was precisely the opposite of this. Witness the celibacy of the barristers and of the upper and educated classes, and the rapid multiplication of the uneducated classes.

Dr. Charles Drysdale said he would not assume that all in the room agreed with the law of population, according to Malthus. He believed it was but proved by the following facts :—During the years from 1790 up to 1810, there was scarcely any emigration into the United States of America, and yet the population there nearly doubled itself in these twenty years. Now, in Great Britain the greatest rapidity of multiplication ever known—i.e., from 1800 to 1853, had caused the population to double only in 53 years. In France the rate of increase of late was almost null. In Turkey it was calculated that it would require 555 years for the population, at its present rate of increase, to double itself. Now, it was evident that if in France, for example, the population did not double itself so fast as in the United States from 1790 to 1810, it must be because it was checked in various ways. And, on inquiry, it would be found that in France, as in England—(1). Marriages were contracted later than in America.

(2). Wages were far lower in France than in the United States. (3). There were far more prostitutes in France than in the United States. (4). There were fewer children to a family in France than in England, or *a fortiori*, in the United States. Lastly, a vast number of children died from privations and poverty. He, therefore, admitted with Lord Amberley that the question was mainly a medical one—viz., how could married persons limit the number of their offspring without injuring their health? He thought this question required much calm thought and discussion, and meanwhile would only state that in France, a few years ago, he had in one hotel met with two young couples both married about five years, and both without children. On interrogation the same answer was returned by both husbands, that they were not rich enough yet to afford children. This was one solution of the difficulty of overpopulation, if not the best.

Mr. Nasmyth contended that the overproduction of children was, in a great measure, dependent on fashion. It was the present fashion in England to have large families, whilst in France, as everybody knew, a great number of persons thought it absolutely wrong to have more than two or three.

We have reprinted above the most important portions of the debate, as it appeared in our issue of July 22nd. We understand that Lord Amberley, feeling that the views attributed to him are not likely to meet with favor with his friends in South Devon whom he desires to conciliate, denies the accuracy of the report.

We have only to say that we have entire confidence in the source from which we have received it; that it was revised by a gentleman who was present at the meeting; that Lord Amberley's official presence at the Society, and the adoption by a subsequent speaker of the views which he now repudiates—should be some guarantee that his views were accurately represented; and that we believe our report embodies, if not his Lordship's *ipsissima verba*, at least the plain significance of his words.

We are not surprised that his Lordship should consider the obvious bent of the discussion such as to demand his repudiation. We take from it an unpleasant estimate of the prevailing morality of the age in which "advanced" politicians officiate at a discussion which, if it means anything, means abortion and prostitution as an expedient alternative for persons of easy conscience and unbridled appetite.—*Medical Press and Circular, Dublin.*

DRY EARTH DISINFECTION AS PRACTISED IN THE JAMAICA LUNATIC ASYLUM. By FREDERIC D. LENTE, M.D.—My visit to the asylum for the insane, or "Jamaica Lunatic Asylum" in Kingston, which is under the superintendence of Dr. Thomas Allen, was rendered extremely interesting and agreeable through the courtesy of that gentleman; and at the risk of rendering this article somewhat tedious, to those readers not specially attracted by the subject, I desire to give it a somewhat extended notice; because it illustrates how much may be accomplished with very limited means, with very unsuitable accommodations, and with a comparatively small outlay, by means of individual energy, ingenuity and perseverance; but, more especially, because it affords me an opportunity to illustrate the excellent effects of the "dry earth system" of sewage, and to give positive proof of these results even when employed in comparatively large institutions. This system is destined soon to attract a large share of attention throughout the world from physicians, and from sanitarians generally, and I feel that the time and space are well spent in spreading any new or positive information on the subject before the readers of the Journal. One very great source of trouble and expense, especially where there is no head of water with an abundant supply, is the arrangement of suitable water-closets, and subsequently the constant supervision and expensive repairs which they usually require. Dr. Allen has obviated the whole difficulty, in the case of his establishment, at one stroke, and not only gets rid of excrementitious matters by a very simple method, but actually makes it a source of no inconsiderable profit. He has secured this result by the adoption of the above system, which he calls the "earth closet." He found, on assuming charge of the asylum, the dormitories constantly offensive from the gases emanating from the badly constructed drains, and diseases generated thereby. He closed up all these at once; and in each closet placed a suitable vessel, and alongside, a covered box of ordinary dry earth. This is the whole contrivance. A little of the earth, say two or three hand-fuls, are first thrown in, and after the vessel has been used, the same amount is thrown over, just enough to cover it well. All odor is checked at once. In fact, odor is almost entirely prevented by the earth already in the vessel. This may remain until it is convenient for the attendant to remove it. The doctor has extended the system to the bedside, and I can testify

that it answers perfectly. Each commode has an earth box attached; and if a bedpan is used, a little earth is previously thrown in; and what is remarkable, the discharge may be left upon it for inspection when necessary, and the odor is completely absorbed. The contents of the vessel, when emptied, are thrown into a box or barrel under shelter; when full, this is allowed to stand a couple of weeks or so, when it becomes perfectly dry, and may be used over again several times if necessary, without any change either in its appearance or odor. Dr. Allen has also used it in his own house, where he carries out the earth system, as a matter of experiment, as many as five times successively. In places where earth is difficult to be had, this is a fact worth remembering; of course its value as a manure is thus multiplied by as many times as it is used. When assistants are scarce, the receptacle for the contents of the vessels may be kept in the hall or ward, without any danger of contamination of the air. Instead of China or earthenware vessels for the closets or commodes, Dr. Allen has had constructed by one of his patients, a carpenter, small cubical boxes, which slide in and out as a drawer, and which are not even lined, but merely well pitched, and then painted on the inside with gas tar; a shallow box for the earth forms the back of the commode. This answer every purpose, and costs him almost nothing. I am told that ordinary sand succeeds well; whether as well as bran I am unable to say. This system has also been introduced into the general hospital by Dr. Steventon, and I saw there a closet to which eighty negroes were having access for all purposes, and there was not the least unpleasant odor about it, which cannot be said of any water closet accommodating half that number, with the thermometer at 85°, that ever came under my observation. With the old system of drains—but, it must be confessed, a very imperfect one—in that hospital, although the closets were in a detached building, and every care taken to ensure cleanliness, the mortality among the patients occupying beds in the ends of the wards adjacent, and in close proximity, was frightful—out of all comparison with that of the other parts of the establishment. It ceased as soon as the nuisance was abated. During the prevalence of epidemics, and among the dwellings of the poor, this system becomes invaluable, as it is both cheaper and better than any other, requires no skill or experience, is always ready, or easily attainable. After having been used

once or twice, or as long as it is found advantageous to do so, it forms the most concentrated and valuable of all manures; and when understood by the agriculturist, ought to command a high price. It is, in fact, *poudrette*, but far more powerful as a fertilizer, even when only used once, than *poudrette* as usually manufactured. The amount of money thus saved in an institution containing several hundred patients, would be considerable, and more important still, if used as in the case of the Jamaica Asylum, in the cultivation of a farm worked by the more quiet class of patients. In a crowded population, where it is important to carry the cultivation of the ground to its highest possible yield, it becomes proportionally more valuable. In the dormitories of the worst lunatics, the box or utensil for excretions is pushed by the attendant through an opening in the wall at the floor, from the outside, and the patient can thus use it without the possibility of getting hold of it for mischievous purposes. Even for private residences, especially in the country and in villages, this would be a very cheap and convenient arrangement. The closet, placed on the ground floor, but not necessarily, might open by a door about a foot square into a back yard, and thus obviate the necessity for conveying the utensil through any part of the house; nor would it be necessary to remove the vessel more than once a day. This arrangement would be far less expensive than even the commonest privies, which, however well constructed, are notoriously offensive in hot weather, and are often the foci of dangerous epidemics.*—*N. Y. Med. Jour.*

* On my return from Havana, since writing the above, I find a bundle of medical journals awaiting me, and in the December number of the *London Lancet* a notice of the "Bengal Sanitary Commission's Report on Experiments made to test the Dry Earth System." It has been in operation in India for upwards of a year, having been first recommended by the Rev. Mr. Moule. "The Commission further reports," says the *Lancet*, "that the system is one of the most valuable contributions to practical sanitation, and is particularly well adapted for gaols." "The result of official inquiries as to the working of the system in Bengal, shows that it is thoroughly established in the hospitals, lunatic asylums and gaols." Dr. Mouatt, the Inspector General of Gaols, pronounces its introduction to be, "without exception, the greatest public benefit conferred by a private individual in a matter so essential to public health, that he is acquainted with." The Inspector remarks that the employment of dry earth was introduced by Sir Henry Lawrence in the Punjab, "many years before it was perfected as a system by Mr. Moule." It is gratifying to find, from this report, and the above comments of the *Lancet*, that I have not overestimated the value of this system, and that the ideas advanced regarding the more general application, as to private houses, villages, &c., are very similar to those entertained by the editor after a careful consideration of these reports from the Indian Government.

Selections and Medical Items.

OVARIOTOMY.—Dr. Dunlap, of Springfield, Ohio, has performed ovariectomy on 38 patients, since 1843. Of these, 13 were unmarried. The operations were all by the long incision, and only two were without anesthetics. Nine died after operation; one from peritonitis, two from hemorrhage, one from chloroform, one from accidental overdose of morphine, one complicated with cancer, one from exhaustion, one from congestion of the brain, and the ninth from excessive vomiting. Three of the successful cases have died since their recovery from the operation, of other diseases; the remainder are all now living, and in good health.

REMITTENT FEVER IN ROME.—M. Pantaleoni, of Rome, says that the remittent fever which prevails in that city is found in two distinct forms. 1st, the gastric, which is mild and easily managed; 2d, the nervous form, which is staxic, but different from typhoid in many of its characteristics, as the absence of abdominal symptoms, pain, diarrhoea, &c., and of the rose spots, as well as the anatomical lesions discoverable in typhoid after death. The French soldiers, during their stay in Rome, had typhoid fever the first six months, and after that would contract nervous fever.—*Medical Record.*

THYMIC ACID.—This acid, obtained from the essential oil of thyme, has been proposed as a succedaneum of carbolic acid or creasote. It emits no disagreeable smell, and is powerfully antiseptic. Its composition is $C_{10}H_{10}O_2$. In a concentrated form it may take the place of nitrate of silver; and, as an antiseptic, it should be dissolved in 1000 parts of water, with the addition of a little alcohol.—*Ibid.*

NOVEL TREATMENT OF SUNSTROKE.—Dr. F. G. Herron, one of the City Physicians of Cincinnati, Ohio (*Med. and Surg. Reporter*), has tried in two cases, with success, the following treatment in sunstroke: Warm water was applied to the head, on cloths, as warm as the skin could bear without injury. Consciousness was very soon restored. Liquor ammoniac acetatis was administered internally as a stimulant.

MR. HOLMES COOTE, in a practical letter to the *Times*, points out the rarity of hydrophobia. In another morning paper Sir R. Mayne receives credit for having cleaned the London streets of dogs. Twelve thousand of these wretched animals have been captured, and the great majority being unowned, were destroyed. No one can desire that the streets should be infested with half-starved dogs. The owners of valuable animals should not let them run loose about a great city.—*Medical Press and Circular.*

DRINKING-WATER IN ITALY A CAUSE OF STONE.—The *Lancet* (Aug. 15th, 1868) cautions tourists against the drinking-water in Italy. "Florence, and indeed all Tuscany, is very ill-supplied with this necessary of life—the water being supersaturated with inorganic, and even effete

organic matter. In Florence itself the impurities in the water-supply are chiefly alkaline, and these combined with the acid red wines universally drunk by the population have caused stone and gravel to be widely prevalent. We have it on the authority of a highly intelligent Florentine, of great medical accomplishments, that 80 per cent. of the population are more or less afflicted with these diseases; and English residents, after but a few weeks' experience of Florence and its water, have found themselves suffering severely in the kidneys and bladder."—*Med. News and Library.*

TESTIMONY AS EXPERTS.—At a recent trial in the United States Court in Chicago, Judge Drummond sustained a physician in refusing to testify as an expert, without having first received honorarium fees therefor.

As the "catch 'em alive" fly-paper is advertised and sold in America, it may be well to call our readers' attention to the fact that in England a little girl was seriously poisoned by drinking the water from a saucer in which a sheet of this paper had been placed, arsenic being present in large quantity.—*New York Medical Gazette.*

MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic. 9 A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.
FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—Communication declined.—New Treatment for Neuralgia.

Communication accepted.—Cases of Perforation of the Membrana Tympani.

Proceedings at the Dedication of the Rhode Island Hospital, to be noticed next week.

MARRIED.—In this city, 5th inst., Dr. Francis P. Sprague to Miss Elizabeth R. Lowell.—At Jamestown, N. Y., 29th ult., Charles S. Hazeltine, M.D., to Miss Ella E. Burnell, both of Jamestown.

DIED.—In Portsmouth, N. H., suddenly, Sept. 23d, Dr. Nathan W. Oliver, a physician of extensive practice in that city and vicinity, aged 49.

DEATHS IN BOSTON for the week ending Saturday noon, October 3d, 118. Males, 50—Females, 68.—Accident, 3—apoplexy, 1—disease of the bladder, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—bronchitis, 4—cancer, 1—cholera infantum, 15—cholera morbus, 1—consumption, 19—convulsion, 1—croup, 1—diarrhoea, 5—diphtheria, 2—dysentery, 6—remittent fever, 2—scarlet fever, 5—typhoid fever, 5—disease of the heart, 1—insanity, 1—disease of the kidneys, 1—congestion of the lungs, 3—inflammation of the lungs, 9—marasmus, 3—measles, 2—old age, 1—paralysis, 2—peritonitis, 1—premature birth, 3—puerperal disease, 2—malignant pustule, 1—teething, 1—unknown, 7—whooping cough, 3.

Under 5 years of age, 59—between 5 and 20 years, 11—between 20 and 40 years, 23—between 40 and 60 years, 15—above 60 years, 10. Born in the United States, 87—Ireland, 18—other places, 13.